

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000715	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/02/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE HEALTH-STANTON

**215 WEST PENNSYLVANIA AVENUE
STAUNTON, IL 62088**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/30/18

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to assess root cause</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>analysis and implement effective interventions to prevent falls, skin tears and bruises, and perform safe transfer techniques for four (R260, R26, R42 and R47) reviewed for accidents. This failure resulted in R260 falling and sustaining a right hip fracture on 1/4/18 and falling again on 1/25/18 and sustaining a left hip and left wrist fracture.</p> <p>Findings Include:</p> <p>R260's Care Plan with initiation date of 10/12/17, documented "Risk for falls r/t (related to) history of fall, decreased cognition, new surroundings, use of high risk medication, pain, attempts independent transfers and walking. The intervention documented were monitor for self transfer and walking.</p> <p>R260's Minimum Data Set, dated 1/4/18, did not document a Brief Interview of Mental Status (BIMS) Score. This MDS documented R260 required supervision with one person physical assistance for bed mobility, transfers, dressing, toileting and hygiene. The MDS documented she required limited assistance with walking.</p> <p>The Facility's Falls Detail Report dated 1/4/18 at 9:35 AM, documented R260 was ambulatory with her walker, got out of bed was reaching for her walker and lost her balance and fell. The Report documented she was found on the floor lying on her back with right leg external rotation. On the Report documented there were no preventative measures in use at the time of the fall, including an alarm. The Report documented she was sent to a local hospital.</p> <p>The Conclusion, dated 2/20/18 at 11:44 AM, on</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>the Follow up report was written by V2, Director of Nurse's. This was completed 46 days after the initial fall report. The Report documented the Root Cause of the fall was that the walker was not in reach with a recommendation of "monitor for and assist (R260) with keeping her walker within her reach while she is in her room."</p> <p>R260's Care Plan was updated on 1/4/18 with the following interventions to address the fall on 1/4/18 "monitor for and assist (R260) with keeping her walker within her reach while she is in her." This intervention was put into place although her previous care plan intervention was to prevent self transfers and independent ambulation.</p> <p>R260's Care Plan was updated after R260 returned from the hospital on 1/9/18 and documented "right hip fracture WBAT (Weight Bearing as Tolerated)." The Care Plan was not revised with new interventions to prevent R260 from future falls and falling while she recovered from her right femur fracture.</p> <p>R260s Physical Therapy Progress Report, with dates of service from 1/10/18 through 1/16/18 documented R260 returned to the facility with a displaced intertrochanteric fracture of the right femur. The Progress Report Assessment Summary documented "Precautions/contraindications: Fall risk and Confusion. Recent R hip surgery and is WBAT (Weight Bearing as Tolerated). The report documented "Reason for Skilled Services: Continued PT (Physical Therapy) services are necessary in order to enhance rehab (rehabilitation) potential, promote safety awareness, increase independence with gait, increase coordination, improve dynamic balance,</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>enhance fall recovery abilities, perform gait and transfers (with) increased safety, safely maneuver in/out of bed and facilitate increased participation with functional daily activities."</p> <p>R260's MDS of 1/23/18 documented R260 had BIMS score of 11, indicating moderately impaired cognition. The MDS documented R260 required extensive assistance with one person physical assistance transfers and ambulating in her room. The MDS documented R260's balance was not steady and she was only able to stabilize with staff assistance with moving from seated to standing position, walking, turning around, moving on and off toilet and surface-to-surface transfers.</p> <p>Facility's Falls Detail Report dated 1/25/18 at 6:30 AM, documented in part, R260 was found on the floor near her recliner "with walker laying beside her." Resident stated she needed to go to the bathroom and her knees buckled. The Report documented the only preventative measure in use was "walker".</p> <p>The Conclusion on the follow-up report written by V2, dated 2/20/18 at 11:57 AM, documented R260 attempted to get out of the recliner with her walker lost her balance, losing control of walker and fell. This was written 26 days after this incident occurred. The report's root cause documented "attempting to ambulate with walker." Facility's recommendation/intervention documents, "re assess upon return from hospital."</p> <p>R260s Care Plan was revised on 1/25/18 and documented she sustained a left hip fracture and left wrist fracture and was non weight bearing. The intervention for 1/25/18 documented</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>"Discharge to hospital r/t fall. Re assess upon re entry."</p> <p>On 02/23/18 at 10:46 AM, V23, Physical Therapy Assistant (PTA), stated therapy picked up R260 on 1/10/18 for Physical Therapy (PT) and Occupational Therapy (OT), 5 times per week for an 8 week period. V23 stated R260 was using an assistive device (walker) and ambulated independently, prior to her fall on 1/4/18. V23 stated R260 sustained a right hip fracture from that fall. V23 stated he was working with R260 on high level balance, strengthening, and safety with ambulation. V23 said OT was addressing R260's Activities of Daily Living (ADLs). V23 stated the last day therapy saw R260 was on 1/24/18 because she fell on 1/25/18 and suffered a left hip and wrist fracture. V23 stated R260 had safety issues secondary to forgetfulness and cognitive decline, and memory deficits.</p> <p>On 02/23/18 11:24 am, V22, MDS Coordinator, stated a bed alarm was discontinued for R260 prior to her fall on 1/4/18 because R260 wasn't trying to get out of bed on her own and the walker was the new intervention once the alarms were discontinued. V22 stated, "because she was going to get up anyway and to make her as safe as we could, and too give her a fighting chance in case she gets up from bed, as reminder to use it if she is going to walk." V22 stated the facility was aware R260 wasn't independent in walking.</p> <p>On 2/28/18 10:05AM, V27, Hospice Operations Manager, stated family had discussed with Hospice that due to R260's recent hip fractures and her continued decline, including her diagnosis of Alzheimer's Dementia, the resident was picked up on Hospice services on 1/30/18 after her return from the hospital.</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>Facility Policy revised on 3/20/2012, entitled Fall Assessment, Risk Identification and Management Policy, documented "Policy of this facility to assess each resident's fall risk. An interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk." The Policy documented "C. The Interdisciplinary care plan will be individualized to reflect the specific needs and risk factors of the resident." The Policy documented "Care planning after a fall. 1. A licensed nurse will consult with the resident's care givers and other interdisciplinary team members in regards to future intervention, and resident specific risk factors."</p> <p>2. On 02/21/18 at 9:30 AM, V18 and V19, Certified Nurse's Aides (CNAs) transferred R47 from bed to a high back wheelchair using a mechanical lift. While R47 was being lifted in the air, V18 held onto R47's feet, but did not hold onto the sling. V18 removed her right hand and used her left hand to hold onto R47's left heel as R47 being transferred, allowing free swinging above the bed as she is moved across the bed and lowered down onto the chair.</p> <p>R47's MDS dated 1/16/18 documented had a BIMS score of 5, indicating severe cognitive impairment. The MDs documented R47 required extensive assist of 2 with transfers, bed mobility and toileting.</p> <p>R47's Care Plan dated 1/15/18 documented R47 had bed mobility program related to impaired physical mobility and right-sided impairment and weakness. Care Plan further documented R47 was at risk for falls related to need for assist with ADL's related to the inability to reposition.</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>3. On 2/20/18 at 10:14 AM, V20 and V21, CNAs, transferred R42 from the recliner to her wheelchair using a full body mechanical lift. V20 was operating the controls of the lift, while V21 removed her hands from R42 and moves the wheelchair closer to the bed, leaving R42 free swinging as V20 moved the lift toward the wheelchair.</p> <p>R42's Care Plan dated 1/22/18, documented R42 was risk for falls related to history of falls, need for assist with ADLs due to weakness, and was a full body lift for transfers.</p> <p>On 02/22/18 02:20 PM V2, Director of Nursing (DON) stated in part the facility does not allow for residents to be free swinging with a full mechanical transfer and should have their hands on the back of the straps when transferring residents.</p> <p>Facility's policy revised on 9/23/17, entitled Safe Resident Handling Program Policy, documented "The policy is to be reviewed and signed by all staff that perform or may perform resident handling. This policy will be reviewed annually with changes made accordingly. The transfers will be designated into one of the following categories: M = Mechanical Lift Transfer with 2 caregivers."</p> <p>Manufacturers Guide, undated, entitled "full mechanical lift", documented "Never leave patient unattended. The lift may move towards the patient as you do. When reseating the patient the hand grips may be used to ensure a good posture."</p> <p>4. On 02/20/18 at 10:25 AM, V7 and V25,</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>transferred and provided incontinent care to R26. R26 had multiple (more than 10) bruises to bilateral legs in differing stages of healing. R26 stated that a lot of the bruises came from scraping legs underneath dining table and getting knocked around during mechanical lift transfers. There was a large skin tear on the right shin that R26 stated happened after the CNA's (R26 was did not know which CNA's) were in a hurry because it was noon and she was not out of bed yet and they had to get her up to go to lunch. R26 further stated the CNA's hit her leg on the mechanical lift causing the skin tear. There was a large scratch approximately 2.5 inches long that was scabbed on the medial posterior right calf. V7 and V25, CNA's both denied having knowledge of where all of the skin tears and bruises came from. R26 stated "in one way or another, staff here have caused the multiple bruises and skin tears from being hurried and not paying attention."</p> <p>The Physician's Order Sheet POS, dated 01/24/18, documented the following diagnoses, in part as, Parkinson's disease, Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus type II, Pain and Urinary Tract Infection (UTI).</p> <p>R26's Care Plan, dated 01/24/18, documented R26 was "at risk for alterations in skin integrity related to the need for assist with activities of daily living (ADL's) and positioning, history of pressure ulcers, incontinence and diabetes. R26 receives Coumadin and tends to bruise easily. Has fragile skin and tends to acquire skin tears easily." The interventions were listed, in part as, "observe skin during care. If impairment is observed, report to nurse. Skin checks every shift."</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>The Treatment Administration Record (TAR) for the months of January and February, 2018 documented skin checks were signed by staff daily per shift.</p> <p>(A)</p> <p>300.610a) 300.1210b)2) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Based on interview, observations and record review, the facility failed to adequately assess, develop and implement a Range of Motion (ROM) program for 1 resident (R35) reviewed for ROM limitation services. This failure resulted in R35 developing limitations in bilateral knees and right wrist with no services provided.</p> <p>Findings include:</p> <p>1. R35's Contracture Risk Assessment dated 1/3/18 documented R35 to be at high risk for contracture development.</p> <p>R35's Care Plan, dated 1/2/18, did not document range of motion services were being provided to R35.</p> <p>R35's Minimum Data Set (MDS), dated 1/3/18, documented R35 had no limitation in range of motion and no services were provided. The MDS documented R35 had severe cognitive impairment and required extensive assist of two staff for transfers.</p> <p>On 2/21/18 at 11:05 AM, R35 was sitting in his room with his son, V13. When asked if he had any concerns, V13 stated R35 was going to start seeing therapy as his "hand is starting to do this" dropping his right hand at the wrist.</p> <p>On 2/21/18 at 2:10 pm, V9 and V3, Certified Nurse's Aides (CNAs) entered R35's room to toilet him. V9 and V3 applied the mechanical lift sling and R35 was transferred via a mechanical lift. R35 did not stand up straight and did not straighten his legs as he was lifted the mechanical lift. R35's feet were extremely swollen. V9 and V3 provided no cues or encouragement to R35 to stand straight and bear</p>	S9999			

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S9999	<p>Continued From page 12</p> <p>weight during the transfer. V3 and V9 stated R35's one hand and started to curl in and they do exercise him and have him move his hands and fingers when they work. R35's held his left hand in an inward curved position but could open some when asked.</p> <p>The February Physician's order sheet (POS) had no orders for ROM but did document an order dated 2/20/18 at 12:54 PM for "OT (Occupational Therapy) to E&T (evaluate and treat) for right wrist drop. PROM (Passive Range of Motion) and wrist drop splint."</p> <p>On 2/27/18 at 2:00 PM, V24 OT Assistant (OTA) stated she was recently asked by nursing to evaluate R35 for wrist drop. V24 stated she "understood that this came on very rapidly" and she has recommended a splint but has not determined a schedule yet for it since she's just starting it. V24 was asked about range of motion and whether he had limitations lower extremities stated "he definitely has limitations in his knees" and added that she had seen him a year or so ago and couldn't remember if she recommended ROM or not. When asked about the Contracture Risk assessment identifying him as high risk stated she thought that was correct as she would consider him at risk due to his immobility.</p> <p>On 2/27/18 at 1:30 PM, V15 Registered Nurse/Restorative Nurse stated she does Contracture Assessments on admission and quarterly but was unable to describe what the purpose to the assessments was. V15 stated "Once they start showing some stiffness or limitations, she refers them to therapy." V15 didn't respond when told V24 OTA stated R35 "definitely has limitations in his knees" but added that she assessed R35 in January and didn't notice any</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000715	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/02/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-STAUTON			STREET ADDRESS, CITY, STATE, ZIP CODE 215 WEST PENNSYLVANIA AVENUE STAUNTON, IL 62088		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 13 stiffness or anything with his legs when she did range of motion. V15 stated she has no training or certification in Restorative/Rehabilitation. The Contracture Prevention Program dated 1/15/11 documented the Objective as "To maintain residents at the highest level of physical functioning possible, to stimulate circulation and prevent edema, to prevent fixation of a joint for long periods of time, and to prevent atrophy of muscles." Under procedure, the policy documented "A resident that is determined to have a contracture or the potential for a contracture may be referred to the Physical Therapist (PT) for assessment and development of a program. It is the responsibility of the nursing staff to obtain a physician's order for a PT assessment." The policy also documented "The plan of care established by physical therapy or nursing when a contracture is present or the resident is at risk for developing a contracture may include goals, positioning aids, treatment plans and potential for improvement." The policy documented "Those individuals having limited ROM and fair to good potential for resolution may be placed in a therapy or restorative/rehabilitation program" and "Any current resident that is beginning to show signs of stiffness should be brought to the attention of nursing staff for possible referral to the therapist and development of an appropriate program." The policy documented a Contracture Prevention Plan may include, but are limited to in part "Encouraging and assisting the resident to perform passive and active optimal joint function to prevent deformities and stimulate circulation and build endurance", Splints by be applied per physician's orders, and "contracture can often be prevented by frequent changes in position and exercise."	S9999			

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S9999	Continued From page 14 (B)	S9999			